

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 3, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 97032, 97110, 97250, 97265, 99213, 99080-73, 99080-C, 99213-MP, 95852, and 97122 for dates of service 05/22/02 through 12/18/02.

II. FINDINGS

The requestor faxed a letter on 3/15/03 requesting date of service 7/31/02 be withdrawn as the CPT codes were denied for "V"; therefore, this date of service is withdrawn and will not be reviewed.

EOBs were submitted, by the respondent showing payment for dates of service 05/16/02, 06/5/02, 07/22/02, 09/4/02, 09/16/02, 09/23/02, 10/04/02, 10/08/02, 10/09/02, 10/10/02, 10/21/02, and 01/21/03; therefore, these dates of service will not be reviewed.

III. RATIONALE

EOBs were not submitted for dates of service 05/22/02 through 06/03/02 and 6/17/02, 10/18/02 and 10/29/02 through 12/18/2002; therefore, these dates of service will be reviewed according to Commission Rules and the 1996 Medical Fee Guideline.

EOBs were submitted for dates of service 06/18/02, 06/27/02, and 8/23/02 denying the services for "T, 217 – Not according to treatment guidelines and the value of this procedure is included in the value of another procedure performed on this date and T, 204 – Not according to treatment guidelines and a separate service/supply and other related service were billed on the same day"; therefore, these dates of service will be reviewed according to Commission Rules and the 1996 Medical Fee Guideline. The Upper Extremities Treatment Guideline was abolished on 01/01/02

- CPT Code 97032 (2 units/day for 3 days) for dates of service 05/22/02 through 06/03/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) submitted relevant information supports delivery of service as billed. Reimbursement in the amount of \$132.00 is recommended ($\$22.00 \times 2 \text{ units} = \$44.00 \times 3 \text{ days}$).

- CPT Code 97110 for dates of service 05/23/02 through 06/03/02 and 06/17/02 and 10/29/02 through 12/05/02. Consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Documentation does not clearly delineate exclusive one-on-one treatment; therefore, MDR declines to issue reimbursement.
- CPT Code 97250 (8) for dates of service 05/23/02 through 06/03/02, 06/17/02, and 10/29/02 through 12/13/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(c) submitted relevant information supports delivery of service. Reimbursement in the amount of \$344.00 is recommended (\$43.00 x 8).
- CPT Code 97265 (8) for dates of service 05/23/02 through 06/03/02, 06/17/02, and 10/29/02 through 12/13/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(c) submitted relevant information supports delivery of service. Reimbursement in the amount of \$344.00 is recommended (\$43.00 x 8).
- CPT Code 99213 (5) for dates of service 05/23/02, 05/30/02, 06/03/02, 06/17/02 and 12/05/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4), if treatment by the healthcare provider is to be continued, re-examination by the treating doctor shall occur at least monthly. Submitted relevant information supports services were rendered as billed. Reimbursement for three dates of service in the amount of \$144.00 is recommended (\$48.00 x 3).
- CPT Code 99080-73 (3) for dates of service 06/17/02, 10/18/02, and 12/18/02. Per Commission Rule 133.106(f)(1) submitted work status reports support delivery of service. Reimbursement in the amount of \$45.00 is recommended (\$15.00 x 3).
- CPT Code 99080-C (1) for date of service 06/18/02 denied as “T, 217 – not according to treatment guidelines and the value of this procedure is included in the value of another procedure performed on this date”. The Upper Extremities Treatment Guideline was abolished on 01/01/02; therefore, the “T” denial is incorrect and will not be addressed. Per Commission Rule 133.106(f)(3) copies of reports or clinical notes are reimbursable at .50¢ per page and does not address copying charges as global to any other procedure. The healthcare provider did not list the number of pages copied on the SOAP note or HCFA-1500, appropriate reimbursement cannot be determined; therefore, reimbursement is not recommended.

- CPT Code 95852 (2) for dates of service 06/27/02 and 08/23/02 denied as “T, 204 – Not according to treatment guidelines and a separate service/supply and other related service were billed on the same day”. The Upper Extremities Treatment Guideline was abolished 01/01/02; therefore, the “T” denial is incorrect and will not be addressed. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(8), Range of Motion testing is not considered global to a re-evaluation unless performed by a physical or occupational therapist. Reimbursement in the amount of \$82.00 is recommended (\$41.00 x 2).
- CPT Code 97122 (3) for dates of service 10/29/02, 11/06/02, and 11/07/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) relevant information submitted supports the delivery of services as billed. Reimbursement in the amount of \$105.00 is recommended (\$35.00 x 3).
- CPT Code 99213-MP (4) for dates of service 10/29/02, 11/06/02, 11/07/02, and 12/13/02. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b), relevant information submitted supports delivery of service for three of the four dates of service. An office visit with manipulation was not documented for date of service 11/07/02. Reimbursement in the amount of \$144.00 is recommended (\$48.00 x 3).

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 97032, 97250, 97265, 99213, 99080-73, 99213-MP, 95852, and 97122 in the amount of \$1,340.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,340.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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